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1 TO LETT ALL CLOWN ON LEE DETERMINATION RECORD .								Appli	Application or Docket Number		
Substitute for Form FTO-875								10/60/8/5			
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OTHER THAN		
(Column 1) (Column 2)						SMALE	ENTITY	OR ∵∵	SMAL	L ENTITY	
FOR NUMBER			D NUN	IBER EXTRA	4.	RATE	. FEE		RATE	FEE	
(37 CFR 1.16(a)) TOTAL CLAIMS				<u> </u>			1	OR		. s	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS		minus	20 =	<u>.</u>		x s =		OR	X \$ =		
(37 CFR 1.16(b))	: :	minus	3 =			X \$ =	1	OR	X \$ =	 	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5=		OR:	+\$ =	 	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	1	
CLAIMS AS AMENDED - PART II									TOTAL		
2-21-11					•						
01.111.0			(Column 2)	(Column 3)	٠,	SMALL	ENTITY	OR		R THAN ENTITY	
F.	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Total (37 CFR 1.16(c))	.18	Minus	20	=	 		FEE,	1		FER	
Z Independent (37 CFR 1,16(b))	. 10	Minus	19 <u>0</u>	=	1 }	x s=		OR	X. 2 =		
Σ	L			1		x s=		OR	x s=		
TRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + 5 =								OR	+ 5 =		
		•				ADD'L FEE		OR	TOTAL ADD'L FEE		
· · ·	(Column 1)		(Column 2)	(Column 3)	-		:		·		
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	CLAIMS REMAINING AFTER AMENDMENT		. HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL" FEE		RATE	ADDI- TIONAL	
Total (37 CFR 1.16(c))	• .	Minus	••	a ·		x \$=				FEE	
Z Independent (37 CFR 1.16(b))	•	Minus	***	=				OR	X S=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM 137 CFR 1 thick								OR	x s = .		
					۲.	fotal =		OR	+ s =		
	·				,	ADO'L FEE		OR	ADD'L FEE		
	(Column 1) CLAIMS	·	(Column 2) · HIGHEST	(Column 3)	_		·				
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(c)) Independent (37 CFR 1.16(c))	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIDNAL FEE	i	. RATE	ADDI- TIONAL	
Total (37 CFR 1,16(c))		Minus		=	Ι,	1 =	-,26			FEE .	
Independent (37 CFR 1 16(b))	•	Minus		=				OR .	× s=		
T TIMES THE SERVICE OF MULTIPLE DEPENDENT CLAIM 137 CER 1 16(4):								OR	× s=		
TOTAL								OR .	+ s =	<u>·</u>	
ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".								OR	ADO'L FEE		
"If the "Highest Nu	mber Previously	Paid For I	IN THIS SPACE IS	s less than 20, er	nter					1	
The Highest Nun	nber Previously P	aid For (T	olal or independe	nt) is the highest	Loum	Iber found in 16				l	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.